## PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003

Application or Docket Number

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS								RATE	FEE	٦ ٔ	RATE	FEE	
FOR			NUMBER FILED .		NUMBER EXTRA		ВА	SIC FEE	385.00	OR	BASIC FEE	<del> </del>	
TO	OTAL CHARGE	ABLE CLAIMS	minus 20=		*		>	(\$ 9=	1	OR	X\$18=	•	
INDEPENDENT CLAIMS			m	inus 3 =	*	*		<43=		OR	X86=		
Μ	JLTIPLE DEPE	NDENT CLAIM F	PRESENT				+	145=		OR	+290=		
*	the difference	e in column 1 is	less than z	ero, enter	"0" in (	)" in column 2		DTAL		OR	TOTAL		
						(Column 3)	SI	OTHER THAN SMALL ENTITY OR SMALL ENTITY					
AMENDMENT	7/1/04	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIC PAID I	BER OUSLY	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	* /3	Minus	** 4	10_	=	×	\$ 9=		OR	X\$18=		
	Independent	* / ENTATION OF M	Minus	PENDENT	CLAIM	]=	×	43=		OR	X86=		
L	THOTTIES	ZITITITION OF W	OETH CE DE	LIVELIVI	CLAIN		+1	45=		OR	+290=		
	e.	(Column 1)		(Colum		(Column 3)		TOTAL T. FEE		OR ,	TOTALI ADDIT. FEE		
		CLAIMS		(Colum HIGHE		(Column 3)			ADDI-	ı		ADDI-	
AMENDMENT		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	USLY	PRESENT EXTRA	R,	ATE	TIONAL FEE		RATE	TIONAL FEE	
	Total	*	Minus	**	<del> </del>	=	X	9=		OR	X\$18=		
	Independent	* NTATION OF MU	Minus	***	CLAIM	=	X	13=		OR	X86=		
	THOTTHESE	NIAHON OF MC	TO THE DEP	CHOCK	CLATIVI		+1	45=		OR	+290=		
								TOTAL T. FEE		OR A	TOTAL DDIT, FEE		
•		(Column 1)	<del></del>	(Colum		(Column 3)				_			
MEN	`	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOI PAID F	ER JSLY	PRESENT EXTRA	RA	TE -	ADDI- FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	X\$	9=		OR	X\$18=		
	Independent	*	Minus	***		= -	X4	3=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							15=		OR	+290=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR A	TOTAL DDIT. FEE		
		ber Previously Paid					found in	the appr	opriate box	in colu	mn 1.		